

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 0 0 1

2. STATE:

North Dakota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

CFR Part 435

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 953,400

b. FFY 2002 \$ 972,468

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 2.6-A, page 1,8,9
Supplement 7 to Attachment 2.6-A, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 1 to Attachment 2.6-A, page 1,8,9
Supplement 7 to Attachment 2.6-A, page 1

10. SUBJECT OF AMENDMENT:

Medicaid eligibility income levels

11. GOVERNOR'S REVIEW (Check One):

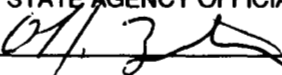
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

David J. Zentner

14. TITLE:

Director, Medical Services

15. DATE SUBMITTED:

January 4, 2001

16. RETURN TO:

David J. Zentner
Director, Medical Services
North Dakota Dept of Human Services
600 E Boulevard Ave Dept 325
Bismarck ND 58505

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

January 9, 2001

18. DATE APPROVED:

3/15/01

PLAN APPROVED - ONE COPY ATTACHED

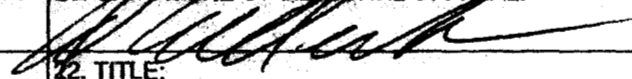
19. EFFECTIVE DATE OF APPROVED MATERIAL:

1/1/01

21. TYPED NAME:

David R. Selleck

20. SIGNATURE OF REGIONAL OFFICIAL:



22. TITLE:

Acting Associate Regional Administrator

23. REMARKS:

POSTMARK: January 4, 2001

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
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BASIC REQUIREMENTS TABLE

Effective 01/01/01

Number of Children in AFDC Unit										
	0	1	2	3	4	5	6	7	8	
No Eligible Caretaker	0	0	121	230	325	407	475	530	571	612
1 Eligible Caretaker	1	247	368	477	572	654	722	777	818	859
2 Eligible Caretakers	2	333	454	563	658	740	808	863	904	945

Add \$41 for each person over 8 in assistance unit.

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level--

/X/ 133 percent / / _____ percent (no more than 185 percent)
(specify)

<u>Family Size</u>	<u>Income Level</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TN No. 01-001
Supersedes
TN No. 00-002

Approval Date 03/15/01

Effective Date 01/01/01
HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

☒ Applicable to all groups.

☐ Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for ____ months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 ^{1/}	Net income level for persons living in rural areas for ____ months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007 ^{1/}
<input type="checkbox"/> urban only				
<input checked="" type="checkbox"/> urban & rural				
1	\$ 475	\$	\$	\$
2	\$ 491	\$	\$	\$
3	\$ 641	\$	\$	\$
4	\$ 766	\$	\$	\$
For each additional person, add:	\$	\$	\$	\$

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

Revision: HCFA-PM-91-4 (BPD)
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 9
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1) Family Size	(2) Net income level protected for maintenance for ____ months	(3) Amount by which Column (2) exceeds limits specified in 42 CFR ^{1/} 435.1007	(4) Net income level for persons living in rural areas for ____ months	(5) Amount by which Column (4) exceeds limits specified in 42 CFR ^{1/} 435.1007
<u>/</u> urban only				
<u>/X</u> urban & rural				
5	\$ 875	\$	\$	\$
6	\$ 966	\$	\$	\$
7	\$ 1041	\$	\$	\$
8	\$ 1091	\$	\$	\$
9	\$ 1150	\$	\$	\$
10	\$ 1200	\$	\$	\$
For each addi- tional person, add: \$ 55				

^{1/} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

TN No. 01-001
Supersedes
TN No. 00-002

Approval Date 03/15/01

Effective Date 01/01/01
HCFA ID: 7985E

Revision: HCFA-PM-91- (BPD)
AUGUST 1991

SUPPLEMENT 7 TO ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

INCOME LEVELS FOR 1902(f) STATES - CATEGORICALLY NEEDY
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

<u>Family Size</u>	<u>Income Level</u>
1	\$ 475
2	\$ 491
3	\$ 641
4	\$ 766
5	\$ 875
6	\$ 966
7	\$1041
8	\$1091
9	\$1150
10	\$1200

For each additional person add \$ 55

TN No. 01-001
Supersedes
TN No. 00-002

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